C O M M U N I C A T I O N T E C H N O L O G I E S

FOCUS GROUP INTERVIEWS AMONG BCEDP TARGET AUDIENCE WOMEN
RESULTS AND RECOMMENDATIONS
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DRAFT

INTRODUCTION

This report presents the major findings of ten focus groups conducted with women in the target audience for the DHS Breast Cancer Early Detection Program in January and February 1995. The goal of these focus group interviews was to test current campaign strategies and develop program planning recommendations.

METHODOLOGY AND DESCRIPTION OF PARTICIPANTS

The focus groups were segmented by ethnicity and location. We conducted two focus group interviews with each of the following audiences at the identified location: African American women in Oakland, Latina women in Los Angeles, Caucasian women in Fresno, Asian/Pacific Islander women in San Francisco, and women of mixed ethnicity/race in Los Angeles. The focus group interviews conducted with Latina women were conducted in Spanish. All other focus group interviews were conducted in English.

Readers are cautioned about the limited generalizability of these findings. Only a very small number of respondents were interviewed, and they do not represent a probability sample. Therefore, these data should be regarded as more suggestive then definitive in nature.

SUMMARY OF MAJOR FINDINGS

The major findings from the ten discussion groups are presented below. Results of all groups are presented together, differences among ethnic or cultural groups are highlighted.

Women's Health Issues, Concerns, Attitudes, and Behaviors

Important Health Issues

Each discussion began by asking participants to list their most important health issues and concerns. Cancer was a top concern in all groups except the Asian groups. There was concern about the many different types of cancer, and breast cancer was mentioned with somewhat greater frequency than other cancers.

Other health issues named by women were those associated with aging and menopause, such as osteoporosis. Women were also concerned with heart disease. Other health concerns included problems the participant's experience

themselves, or have seen in members of their family such as diabetes and high blood pressure. Women also said AIDS is a major health concern. All groups mentioned the importance of the high cost of healthcare.

Healthcare Access and Utilization

Most participants do not go to the doctor, or if they go at all, it is only because of a severe illness. When the women do visit a doctor, they often go to the county hospital or a free clinic.

Participants last visited a doctor any time between last week and never. Most of the women did not go to the doctor for regular check-ups and, on average, had not been to the doctor in five years or longer. The availability of money and/or health insurance is often the deciding factor in going to the doctor.

Many women wanted to go to the doctor for chronic conditions they had learned to live with or simply to get new glasses. However, they could not afford to go to the doctor for chronic conditions, and certainly preventive healthcare was not a consideration for many of these women.

A minority of participants did visit the doctor regularly. These women usually had health insurance or needed to go to the doctor because of a serious health problem. Most of the women who did have health insurance, only went to the doctor for the acute condition and very few of these women received regular check-ups.

Interaction with Medical Staff

Generally, women do not feel comfortable asking physicians questions or discussing their health concerns with physicians. Throughout the interviews, participants mentioned their mistrust of both the health profession and doctors. Women shared personal unpleasant experiences about physicians dismissing their health concerns as unimportant, or misdiagnosing an illness.

Participant experiences with nurses were somewhat more positive as the nurses usually had more time to spend with them and would answer questions. However, participants did not think that the nurses had the same qualifications as the physicians, and most wanted the final word about diagnosis or prescriptions to come from the physician. In the Caucasian group there was some confusion about the meaning of "practitioner" and participants wondered about paying the same price for a visit to a practitioner as an appointment with a physician.

Women were distressed about the fact that there is little opportunity to develop a relationship with a doctor, especially at a free clinic or county hospital where clients usually have no control over physician choice. Women were also afraid that the physician would order tests they could not afford. One woman shared the experience of sitting on the exam table in a hospital gown while she and the

physician bargained about how she would pay for an EKG. She described the situation as "humiliating to be half naked dealing with the doctor."

A minority of participants had a positive relationship with their personal physician. Some of these women currently had health insurance, or had had health insurance in the past. Usually respondents who had a good relationship with their physician also had medical insurance.

The general consensus among Latinas was a feeling of discrimination and poor communication with physicians and medical staff. Most of the women have had negative experiences with the healthcare system in this country. Many Latinas distrust physicians because they feel discriminated against and they feel that physicians and nurses are rude to them, do not spend enough time with them, do not speak their language, and do not explain procedures to them. Most Latina women feel uncomfortable asking doctors questions because of the language barrier, and even if a nurse translates, they feat the translations are not accurate.

Health Information Sources

Health information sources among the participants were limited mostly to family and friends. Some women also relied on popular press and radio and television programming. Several participants talk about their health concerns with their husbands or boyfriends, while others talk to family members in the health professions.

Physicians were generally held to be a reliable source of health information; however, since most participants did not feel comfortable talking to physicians, this information source was usually left untapped. Again there was a minority of participants who respected and felt comfortable with their physicians and; therefore, consulted them on a range of health-related topics.

In almost all groups, one or two participants were self-taught on health topics. Of these women, some were avid readers of medical books and health magazines. Others were most interested in alternative medicine and healing, such as herbal and folk remedies.

In all groups there were usually one or two participants who were well-informed information seekers. Oftentimes their information-seeking was a preventive health effort. These women understood the value of preventive healthcare but could not afford to visit their physician.

Some Latina women did not talk to anyone about health issues. To Latinas, advice from physicians was the most respected form of health information. However, some women felt uncomfortable with the first results or diagnosis given by an Anglo doctor. They would rather consult with a doctor in Tijuana or in their native country for a second opinion, even if they have to wait for a long time (more than a year) to visit the doctor.

Breast Cancer

Personal Susceptibility

Most Caucasian and Latina women are afraid of getting breast cancer and most Asian women do not think they are at great risk for breast cancer. African American women think about breast cancer and know that anyone can get it; however, they do not worry about it and tend to worry more about their own current medical conditions such as high blood pressure. Among African American women, there is general consensus that breast cancer is a big problem, but it is also an added concern to a myriad of other daily and usually more pressing issues. Most African American respondents know that they are at a higher risk of dying from breast cancer and acknowledge the perception that as a group African American women don't go to the doctor as regularly as Caucasian women.

Causes

Knowledge about what causes breast cancer varied among groups. Generally, the following risk factors were cited most often by all women: heredity, diet, having babies later, not breastfeeding, x-rays (radiation), worrying, and negative thoughts. The majority of respondents were not aware of the relationship between aging and the increased risk of breast cancer. In fact, some women thought that as one got older one's risk for breast cancer decreased. Some women further speculated that women are at greatest risk for breast cancer between the ages of forty and sixty, when the body is undergoing many changes due to menopause.

Many groups overemphasized family history as a risk factor. In these groups, women believe that if they do not have a family history of breast cancer then they do not have to worry about getting breast cancer.

Many women thought that if women did not breastfeed she would have a higher chance of getting breast cancer. There is a misconception that the milk stays in the breast when a woman has not breastfed and that this causes cancer.

Caucasian women also mentioned birth control pills, estrogen, and sometimes aging as risk factors for breast cancer. Latinas also mentioned birth control pills and blows to the chest as risk factors for breast cancer.

When asked what causes breast cancer there was a small minority of women, who asked, "What is cancer?" These participants knew cancer was something to be feared, but were not sure of the exact definition of the term.

Efficacy of Early Detection

Mammograms

About half of all participants had a mammogram once. Only a minority of women had more than one mammogram. Most participants had their mammograms done at a hospital, health clinic, or van. There were two types of experiences with mammograms-one group of women associated a mammogram with intense pain, while another group of women associated a mammogram with minimal discomfort.

Women who experienced intense pain were very vocal about their experiences and many said they would not go back because it was so painful. One woman said the pain lasted almost a year after having the mammogram. Participants who had experienced minimal discomfort with mammograms usually reassured the women in the group who had never had a mammogram by affirming that the procedure, is not as painful as some women had expressed.

Most women know that they should get a mammogram because it helps to detect breast cancer early. However, a minority of women, especially in the Asian groups, do not know what a mammogram is.

Some participants expressed doubts about the efficacy and accuracy of mammograms. Many women explained that the recommendations change so often, they don't know what to believe about when to get a mammogram.

When asked about their experience with mammograms, the majority of Latinas agreed that the procedure was painful. Many Latinas were embarrassed about disrobing in front of the technician, and felt that the mammogram procedure was not explained beforehand. Some participants did not like the fact that a male technician touched their breasts.

Breast Self Examination (BSE)

Most women have heard about breast self examination (BSE) for early breast cancer detection. Many women have performed BSE; but few women practice BSE regularly.

Latina women either do not practice BSE at all or have only done it once or twice in their lives. The reasons for not practicing BSE include embarrassment about touching their own breasts, pain, and forgetfulness.

Normative Beliefs

Most women do not think that other women they know are getting mammograms. Cost was cited as the main reason they and their friends do not get mammograms.

Message Concept Testing

The concept of the California Department of Health Services sponsoring a program that would provide mammograms free of charge to women who could not otherwise afford it was introduced to the women. Upon introduction, many women had questions about this potential program, especially about how one might qualify for it. Women also assumed that this program covered treatment.

Generally, women responded positively to the introduction of such a program. However, they also expressed a certain amount of skepticism about being offered something for free. Questions included: "If it is free how could it be good?"; "Will the doctors be qualified?"; "Will the site be dirty and unpleasant?"; and "Will patients be treated with respect?" The African American and Caucasian women were especially concerned about the quality of a free program.

The participants were then introduced to a list of possible reasons to participate in the program or to get a mammogram. The moderator probed for the following characteristics of each reason to participate in the program: comprehension, utility, affect, cultural sensitivity, believability, and motivational value.

Motivators for Getting Mammograms

Below are the reasons to participate in the program or to get a mammogram. The strongest reasons women felt for getting mammograms are explained as well as the reasons that had less motivational value for getting a mammogram.

Personal Susceptibility and Efficacy of Early Detection

The basic facts of personal susceptibility and the efficacy of early detection of breast cancer and mammography held high motivational value for most women. The following messages were strong motivators for getting a mammogram:

- “Women have a one in nine chance of getting breast cancer in their lifetime and I could be one of them."
- "I can have breast cancer and not even know it."
- “No matter what my cultural background, breast cancer is the cancer that occurs the most often.”

- "Getting a regular mammogram is the best way we know to fight breast cancer."

- "Doctors recommend mammograms."

- "When found early, breast cancer is treatable."

The first three messages evoked fear among focus group participants. Most participants did not realize that the statistics for getting breast cancer were so great and were shocked to discover that one in nine women get breast cancer. After hearing these statistics, many women looked around the room and realized that one of the women sitting at the table might get breast cancer. They were also afraid that they could have breast cancer and not know it.

Learning that getting a regular mammogram is the best way to fight breast cancer gave most of the women a feeling of hope. Knowing that breast cancer is treatable if found early also gave them hope that they may not lose a breast. Learning about treatment and the importance of early detection helped the women to manage the fear evoked by the other messages.

Among Asian participants the reason, "No matter what my cultural background, breast cancer is the cancer that occurs the most often," did not serve as a motivator to get a mammogram. They did not think that this was a believable statement.

Asian and Latina women thought that a doctor's recommendation for a mammogram was an important motivator. A doctor's authority is very well respected in the Latino community; thus, having physicians, especially female physicians, invite women to get a mammogram is very powerful. For Latinas this message would be more effective if somebody from the community gave a testimonial. Both Latina and Asian women thought this message should be complemented with an action theme such as, "Get one to fight breast cancer."

Getting a regular mammogram was not convincing for Latina and Asian women. For Latinas "regularly" may not have meaning because many Latinas do not go to the doctor every year and do not understand preventive health practices. Asian women were not convinced of the necessity to get a mammogram every year and expressed concern about the radiation exposure of a mammogram.

Latinas did not understand the messages, "Women have a one in nine chance of getting breast cancer in their lifetime and I could be one of them," or "Less than 20% of diagnosed breast cancers are genetic."

Free Quality Care

Not being able to afford a mammogram, or for that matter any healthcare except in the case of an emergency, is a real and ongoing problem for many of the participants. Many of the women had not been to the doctor in several years. Most women had last been to a physician for treatment of an acute condition.

The moderator probed for reasons why the participants had not returned to see a physician. Some women explained that they wanted to go to the doctor or the dentist because they were worried about a health problem but could not afford to go. Furthermore, many women believed that if they went to the doctor he would certainly find something wrong and "why fix something that isn't broken?" Or, if they went to the doctor for one problem, they were afraid that the doctor might find something else or order tests, and they could not afford the prescribed treatment or tests.

Many women were embarrassed at not being able to afford to do the things the doctor told them they should do. And most women did not feel comfortable talking to the doctors about these fears. There was much mistrust of doctors and almost all participants shared an experience where they felt they were not treated with respect.

The following reasons were strong motivators for the women:

- "Mammograms are free through the new state program."
- "I have a right to free mammograms."
- "I can find out where to go to get a free mammogram."

Participants believe that the phrase "free of cost" will attract women because of the concern about cost and insurance barriers. However, the details of the new state program need to be explained, such as what the program is and where it is located.

The message, "There is no reason why I can't get regular mammograms and take care of my breast health," was not accepted by Latinos because they felt they had some important reasons for not getting mammograms such as cost, lack of health insurance, lack of trust, unavailable transportation, fear, and other family priorities. Other groups thought this statement was a good reminder that nothing is more important than their health and acknowledged that most of the reasons nor to get a mammogram such as lack of time or other priorities, were excuses that come from the fear of finding cancer.

Although Latinas know how important getting a mammogram is, they do not get one regularly because of the costs, "decidia" (delaying important things to do daily, less important things), feeling well, and fear of pain.

Latinas agreed with the statement, "I have a right to free mammograms." However, for most Latina women, exercising this right is not very realistic since Mexican women accept the status quo and the history of oppression against them.

"I have a right to free mammograms," was also not well received by the Caucasian group. The words "have a right to something" prompted many women to think of welfare. None of the participants were on welfare and they did not like the insinuation that this might be a welfare program they have a "right" to because their tax dollars are paying for it.

"I have a right to free mammograms," was a strong motivator among African American women. It communicated that all women should take care of themselves and that they have a right to know if they have cancer. Asian participants responded similarly and thought that the statement meant that all women have a right to know if they have breast cancer.

Peer Groups

Knowing that other women like themselves are getting regular mammograms is a strong motivator for most women. They feel that women know their own bodies, and if other women they know are getting mammograms this would be a strong reason to get a mammogram. However, almost all participants acknowledged that they don't know many people who get mammograms. Reasons like, "More and more women like me get mammograms regularly," and "Most women I know think I should get a mammogram every year," may be premature for this target audience. They were not chosen by many women as reasons to get a mammogram.

However, many participants felt strongly about the statement, "Women need to help each other by reminding their friends and family to get regular mammograms." Alerting their friends and family to get a regular mammogram is something most participants felt strongly about, however, Latinas did not agree with this statement because their friends and family do not help them to get mammograms.

Family Is Important

Most women thought that "A mammogram is something that I can do for my family" was a strong motivator. They wanted to take care of themselves so that they could take care of their families. Some women wanted to save their families from the hardship of dealing with a serious

illness; which was particularly true among Caucasian women. Participants thought "for me and for my family" should be added to this statement.

This message was very well received and was the most culturally appealing for Latinas. Feminism can be associated in a positive way with breast cancer early detection, i.e., the grandmother who gets a mammogram in order to live longer and see her grandchildren grow.

Barriers to Getting Mammograms

The participants were also introduced to a list of possible barriers to participate in the BCEDP program, or to get a mammogram. The moderator probed for the following characteristics of each reason to participate in the program: comprehension, utility, affect, cultural sensitivity, believability, and motivational value.

Fear

A strong barrier for all groups, with the exception of Latinas, was "I am afraid of getting a mammogram because I don't want to know if I have cancer." Women are afraid of finding out that something is wrong, or that they may have cancer. The fatalistic attitude found among Latinas in other focus group research on breast cancer was not corroborated in this research as they expressed the idea that early detection is the best way to fight cancer.

Women's fears about early detection were complex and included not only the fear of finding cancer, but also the fear that treatment would be unaffordable. Many felt strongly about the barrier, "If they found cancer, I couldn't pay for treatment, so what's the use?" Although some women knew that they could get treatment at the county hospital, many believed that "you only get good treatment if you pay for it." The treatment for breast cancer also evoked fear since no one wants to undergo chemotherapy, radiation, or mastectomy.

Having a breast removed evoked fear; however, most women would rather have a breast removed than die from breast cancer. The barrier "I won't have my breast removed, so why bother getting a mammogram," was strong for a small minority of women in each group. These women would rather die than have a breast removed since having a breast removed to them means being less of a woman. These women are also afraid of losing their husband or boyfriend as a result of having a breast removed.

Among many of these women, and across ethnicities, a diagnosis of cancer was thought to ultimately result in death. Therefore, a barrier for some women was, "If you get diagnosed with breast cancer, there's nothing you can do about it."

Fear of exposure to radiation from a mammogram was also expressed, and was particularly prevalent among Asian women. "I don't want to get a mammogram because the radiation may cause cancer," was a strong barrier to getting regular mammograms. For this reason, many Asian participants thought that getting a mammogram once a year was excessive, unnecessary, and potentially dangerous.

Latinas were particularly afraid of the pain associated with a mammogram. Therefore, "I don't want to have a mammogram because it hurts," was a strong barrier for this group of women. The pain of a mammogram, either from firsthand experience or associated with the painful experience of a friend, was one of the first things Latinas mentioned when asked about mammograms.

Lack of Know/edge about Personal Susceptibility

Many women were not aware of the facts about breast cancer. As stated earlier, many women were shocked to discover the large number of women who get breast cancer. The statistics alarmed participants as they looked around the room saying, "one of us could have breast cancer and not know it." However, even after exposure to the facts earlier in the discussion, a strong barrier for many women was, "I'm not really at risk for breast cancer." Also, when asked about personal susceptibility many women said breast cancer did not run in their families so they would not get it.

Lack of Insurance

Although not on the list of barriers, lack of insurance and the cost of a mammogram was a strong barrier to not getting a mammogram. As stated earlier, many of these women wanted to go to the doctor for chronic health conditions but could not afford to go. Because many women do not have the money to pay for treatment or tests, they feel they do not have the right to ask for something they cannot pay for.

For Latinas cost was perceived as a major barrier. All Latinas in the group knew where to get a mammogram; however, they did not know where to get a free mammogram. They changed the wording of one of the barriers to more accurately reflect this dilemma by stating, "I don't know where to go to get a free mammogram."

Lack of Trust in Physicians

As mentioned earlier, most women do not feel comfortable discussing their health concerns with physicians. Therefore, a strong barrier to getting a mammogram for many women was, "Doctors often don't treat me with the respect and care I deserve." Many women resent the way doctors treat them.

For Latinas another related barrier was "Most doctors are White, and I don't trust that they really care about my health." Latinas generally distrust White doctors because they have had, or have heard of, bad experiences with White doctors. They feel that White doctors discriminate against Latinas particularly because of the language barrier. Therefore, they prefer doctors from their native country. This was not a barrier for any other group and most women did not associate disrespectful behavior with only White doctors, but with doctors in general.

Lack of Trust in Government Programs

"I don't trust government programs like this," was one barrier for Caucasian women. The quality of a free government program was a major concern, with quality defined as good physicians, at a clean facility, which treats clients with respect. Government programs were not viewed as embodying these characteristics.

Barriers for Latinas

A significant barrier for Latinas was, "Getting a mammogram is embarrassing." Participants expressed embarrassment about male technicians seeing and touching their breasts.

Another barrier to getting a mammogram among Latinas was, "I am worried that when I get a mammogram, they will ask for immigration papers." In general; Latinas are afraid of being asked for immigration papers. If the women are asked for a name and address, they will not get a mammogram, especially because of Proposition 187.

Latinas expressed a cultural reason for not getting a mammogram called "decidia," which means delaying or postponing doing important things. This may be related to the way time is perceived in the Latino culture, where important things are often delayed for "tomorrow." Also, Latinas seemed more concerned with illnesses that have immediate symptoms and that have affected family members such as heart attacks, diabetes, and high blood pressure.

Other Barriers

Women also mentioned two related barriers to getting mammogram, "I can't take the time to get a mammogram," and "I have more important health concerns than breast cancer."

However, when probed further about these barriers, most women admitted that they were just excuses. They discussed not wanting to think about the possibility of having breast cancer and their fears if breast cancer were found.

Two barriers on the list, which did not receive much attention by any group, were, "No one would miss me when I'm gone," and "Hardly any women I know get annual mammograms." Upon further probing, participants did not identify with either of these barriers. The first one, if true for any women, may be a difficult issue to discuss in a group setting.

Campaign Themes and Strategies

The moderator explained that the California Department of Health Services (DHS) is developing a campaign to advertise the availability of free mammograms for women who do not have insurance or are underinsured. Participants were told that DHS wanted their reactions to their campaign ideas.

Make Mother's Day Last a Lifetime

Mother's Day is celebrated by almost all of the women. Usually, women are taken out to dinner by their families, or have a special dinner at home. Mother's Day is a special day for most women but in each group there were one or two women who were not mothers, or whose mothers had died, who did not celebrate the holiday.

To many participants *Make Mother's Day Last a Lifetime* was very appealing. Participants described this theme as both beautiful and believable. Most women didn't want to be reminded of breast cancer on Mother's Day; however, reminding them of breast health and taking care of themselves on Mother's Day was an idea to which they were receptive. However, a small minority of participants felt left out by the message because they were not mothers themselves.

Linking Mother's Day and breast health was not popular among Asian participants because of the general perception that Americans try to do too many things at once. Most Asian women think of Mother's Day as a family day and not a day to go to the doctor or to think about breast cancer.

California Freedom from Breast Cancer Day

California Freedom from Breast Cancer Day was generally well received because it included everyone and not just mothers. Also, devoting a day to breast cancer would highlight the cause and draw attention to it. Some women thought that breast cancer and mammograms might not get much attention if linked with Mother's Day.

Asian women related this type of a day to National Women's Day, celebrated on March 8 in China and Taiwan, when attention is focused on women's issues. Participants suggested that women should be allowed to take time off from work to get a mammogram.

Among African American women this theme was not appealing. Participants thought that breast cancer deserved more than just a day of attention, and suggested a freedom from breast cancer week or month.

Every Woman Counts! Get Your Free Mammogram Today.

"***Every Woman Counts!*** Get your free mammogram today," was the most popular of the messages. Participants thought it communicated the importance of all women, regardless of race or ethnicity.

Latina women liked this theme as well. Participants suggested it would be helpful to add, "Latina woman, you are important, get a mammogram."

Among some Asian respondents this theme did not translate well. "***Every woman counts!"*** had no meaning to some Asian participants. They also suggested that not everyone would know what a mammogram is and that there should be a connection made to breast cancer to assist in comprehension of the message.

Yes Ma'am, Get a Mammogram

This message impressed women the least. Some African American women found this theme offensive because it reminded them of having to address Caucasian women as "ma'am." The theme was generally not a strong motivator, nor was it received with great enthusiasm.

Organizations

Participants were asked what they consider to be good and reliable sources of information on breast cancer and free mammograms. Generally, women said they would trust the following information sources:

- A doctor I trust
- A women's health center
- Neighborhood health clinic close to me
- Breast cancer survivors
- American Association of Retired Persons
- American Cancer Society
- County Department of Health
- Breast cancer advocates/activists

Individuals

Participants were asked if there were any celebrities or well-known figures that would be good spokespersons for breast cancer. Almost all groups thought that

a spokeswoman who had had breast cancer would have the most credibility and would receive the most attention.

All groups were asked if they thought any female politicians would be good spokespersons for the issue. All groups agreed that politicians would not be good to speak about the issue unless they were breast cancer survivors. Participants were asked if Gail Wilson would be a good spokesperson for the issue, but she had little to no name recognition among respondents. Again, participants stated that Wilson would be a good spokeswoman for the issue if she had personal experience with breast cancer.

The Surgeon General, especially if she were a woman, would be a respected source of information on breast cancer.

1-800-4-CANCER

Some women had heard of 1-800-4-CANCER; however, most women had never heard of it. Only one woman in all of the groups had ever called the number, and she had called when her husband was dying of cancer.

Participants preferred 1-800-4-CANCER to 1-800-422-6237 because it was easier to remember. Some suggested the number be 1-800-4-HEALTH instead of 4-CANCER.

A small minority of women had previously called an 800 number for health information. Women in Fresno had called the Fresno BEE-LINE, a local 800 number offering information on many topics including health. Women in the African American groups had called an 800 number to have materials sent to them.

Some Latinas reported calling an 800 number to request information for citizenship and English classes. None had called 1-800-4-CANCER. Participants said they may call because it is free and because they can get information in Spanish. However, possible barriers to using an 800 number are, getting an answering machine with an English message, thinking it is a long distance call, and not knowing it is free.

RECOMMENDATIONS

1. The research suggests that there are two types of women in the target audience and one type of woman who may be able to spread the word about the importance of early detection and mammograms. The two types of women in the target audience are:

    - Those who have never had a mammogram. Most of these women are unaware of the importance of early detection and mammography. Asian

women were the least knowledgeable about the value of early detection and mammography.

- Those who have had a mammogram at least once but who have not had a second mammogram, or do not have mammograms regularly. Usually these women are afraid to have a mammogram, do not have insurance, or had a bad mammogram experience.

This suggests that two types of approaches need to be explored to reach women in the target audience. One suggested approach for the first group may be to educate them about the value and importance of early detection and mammography and personal susceptibility to breast cancer. One suggested approach for the second group may be to address their fears and increase awareness of the availability of free mammograms.

Although a small minority, a third type of women have mammograms regularly and understand the value of early detection. These women should be identified and used as a resource to help spread the word about the value of early detection and mammography to peers.

2. The issues of self-efficacy and empowerment need to be addressed. Many women feel uncomfortable asking their physician questions. They do not seem to think they have a right to be treated with respect, or to have their needs met. Campaign messages should be explored that address a woman's right to respectful treatment by physicians and address their right to ask questions.

   A physician referral is powerful in getting women to comply with breast cancer screening recommendations. Provider education should address the issue of effective patient communication with women in this target audience.

3. Women in the target audience need to be made more aware of the risk factors surrounding breast cancer, particularly risk factors pertaining to age, morbidity statistics, and family history.

4. The issue of a free mammogram has both positive and negative implications. Messages should emphasize the availability of free mammograms. Messages should also address the perception that free often indicates poor quality by emphasizing the high quality of the services available through the free program. Messages might include a stamp of approval from the American College of Radiology or the California Medical Association to enhance credibility of the program.

5. There is a fear, especially among Asian women, of the radiation from a Mammogram. Messages that address this fear need to be explored.

6. Latinas expressed mistrust of Anglo physicians. This issue should be explored further and ways to overcome this mistrust should be developed.

Provider education should address the issue of effective cross-cultural communication exhibiting respect for Latina values and culture. Latinas respect a physician's authority and recommendations; this should be maximized to promote the value of early detection and mammography.

7. Messages that communicate the value of early detection were strong motivators. They gave women hope that there is treatment, and that their breast may not need to be removed. The campaign should utilize messages that communicate about the value of early detection.

8. Although not directly addressed in the interviews, women were concerned about the availability of treatment if cancer was found. Treatment issues and options available in the community need to be explored to answer women's questions when they inquire about the free breast cancer screening through BCEDP.

9. Throughout the report different approaches to communicating effectively with Latinas were addressed. Outreach techniques need to be developed which respectfully address their needs. Some of the most pervasive differences were the embarrassment associated with getting a mammogram, fear of revealing their immigration status, mistrust of Anglo physicians, and the cultural issue of "decidia"-delaying or postponing doing important things to do other, less important things.

10. Women were concerned about many health issues besides breast cancer. Messages need to emphasize that breast health is a priority.

11. The message "I have a right to free mammograms," was perceived differently by different ethnic/cultural groups. Caucasian women did not like this statement because it reminded them of welfare. Latinas liked the statement, but thought it was unrealistic for their culture. African American and Asian women thought this was an important statement and a strong motivator. Outreach needs to address these differences in order to communicate the message effectively.

12. "A mammogram is something that I can do for my family," was a strong motivator across ethnic/cultural groups. Women suggested that the message be reformulated to communicate "for me and my family."

13. **Campaign themes:**

Based on the research results ***Every Woman Counts! Get your free mammogram today*** was the most popular theme. It is recommended that this theme be used. However, if this theme is used it should be adapted for the Asian and Latina cultures. Asian women need an association of a mammogram with breast cancer. Latina women thought it should address Latinas specifically.

Make Mother's Day Last a Lifetime was very appealing to most women; however, it does exclude some women. It is recommended that this theme be

turned into an event and used to complement the theme ***Every Woman Counts! Get your free mammogram today.***

California Freedom from Breast Cancer Day was not well received by African American women. It is recommended that this theme be dropped.

The Yes Ma'am Get a Mammogram! theme was received with little enthusiasm. It is recommended that this theme also be dropped.

14. **Messages sources:**

The message sources about breast cancer, early detection, and mammography with the most credibility were breast cancer survivors and advocates/activists. It is recommended that these sources be utilized for outreach and campaign message dissemination.